

Illinois Liquor Control
Commission



Pat Quinn
Governor

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**APPLICATION FOR STATE OF ILLINOIS DISTRIBUTOR/
IMPORTING DISTRIBUTOR/FOREIGN IMPORTER LIQUOR LICENSE**

DEFINITION: In order to obtain any class of distributor's license, an applicant must post a \$1,000 bond with the Illinois Department of Revenue as an assurance that all liquor taxes will be paid. In order to satisfy the bond requirement, the applicant must complete and submit one of the following three types of tax bonds along with the application. The applicant may submit a check for \$1,000 made payable to the Illinois Department of Revenue, obtain a bonding certificate from a local insurer or obtain a letter of credit from a bank. If direct payment is made to the Department of Revenue, a refund will be issued after two full calendar years has elapsed, provided that all applicable taxes have been and continue to be paid. If applying for an importing distributor's license, a foreign importer's license or both only one bond is required. All licensed distributors are required to file the enclosed Registration Statement (IL 567-0014). The Registration Statement authorizes the distributor to resell a trademark/brand name product at wholesale within a specified geographic territory for a specified period of time. All distributors are required to file a "Liquor Tax Statement of Liability" (Form RL-1) with the Illinois Department of Revenue to report monthly tax liability.

A. DISTRIBUTOR LICENSE

FEE:

\$270.00

A distributor license, granted pursuant to the Illinois Liquor Control Act, permits an entity other than a manufacturer, non-resident dealer, or retailer to purchase, store, possess, or warehouse any alcoholic liquors for resale or reselling at wholesale whether within or without Illinois. **Please include the following REQUIRED supporting documents:**

- 1) A copy of **Basic Permit**. Visit www.ttb.gov to download the Federal Tax and Trade Bureau's **F 5100.24** application form (visit www.ttb.gov or call 1-877-882-3277 for further info);
- 2) An **appointment letter** from the manufacturer where they have appointed the applicant as their primary importer or duly registered agent.
- 3) A **Tax Bond** acquired through one of the following **enclosed** documents:
 - **REG-4-A** Financial Responsibility Bond (Liquor Gallonage Tax Bond) Certificate of Deposit; or
 - **REG-4-D** Financial Institution Irrevocable Letter of Credit Bond.
- 4) The **enclosed Registration Statement** (if applicable).
- 5) If you have chosen a warehouse location that stores product for other Illinois Licensed Distributors, the warehouse owner/operator should obtain a warehouseman certificate. See **enclosed REG-1** form.
- 6) If you are leasing the property, please submit a lease . If you own the property, please submit a deed or other proof of ownership document.

The ILCC will schedule an inspection of the warehouse once we receive your completed application.

PROCESSING TIME FOR A DISTRIBUTOR LICENSE IS GENERALLY BETWEEN 3-8 WEEKS.

B. IMPORTING DISTRIBUTOR'S LICENSE**FEE:****\$25.00**

An importing distributor's license, granted pursuant to the Illinois Liquor Control Act, permits an already licensed Illinois distributor to import into this State, from any point in the United States outside of Illinois from an Illinois-licensed, non-resident dealer or foreign importer, whether for itself or another, any alcoholic liquors for sale or resale, or for use in the manufacture, preparation or compounding of products other than alcoholic liquors, or for importing more than one gallon of such liquors from any point in the United States outside of Illinois for consumption in any one calendar year. A licensed importing distributor may purchase alcoholic liquor in barrels, casks or other bulk containers, and the bottling of such alcoholic liquors before resale thereof, but all bottles or containers so filled shall be sealed, labeled, stamped and otherwise made to comply with all provisions, rules and regulations governing manufacturers in the preparation and bottling of alcoholic liquors.

IMPORTANT: If you are applying for an importing distributor's license you must purchase your product from a licensed Illinois non-resident dealer or foreign importer. **To apply for the Importer's License you must submit the following:**

- 1) **Distributor Application: \$270**
- 2) **Importing Distributor's Application: \$25**
- 3) An **appointment letter** from the manufacturer where they have appointed the applicant as their primary importer or duly registered agent.
- 4) **ONE** of the **enclosed** bond forms:
 - **REG-4-A** Financial Responsibility Bond (Liquor Gallonage Tax Bond) Certificate of Deposit; or
 - **REG-4-D** Financial Institution Irrevocable Letter of Credit Bond.
- 5) Copy of your **Federal Basic Permit**. Questions about your Federal Basic Permit should be directed to the TTB at www.ttb.gov or 1-800-937-8864.
- 6) Total fees for distributors, importing distributors and foreign importing distributors is **\$295**.

C. FOREIGN IMPORTER'S LICENSE**FEE:****\$25.00**

A foreign importer's license, granted pursuant to the Illinois Liquor Control Act, permits an already-licensed Illinois distributor to import into Illinois from any point outside of the United States, any alcoholic liquors other than bulk, for sale to a licensed importing distributor. A foreign importer shall not hold a non-resident dealer license. A foreign importer shall be required to purchase alcoholic liquor from a non-resident dealer within the United States or any other person located outside the United States.

IMPORTANT: If you are applying for a liquor license to import **AND** distribute liquor directly from OUTSIDE (Foreign Country) the United States into Illinois you will need to provide the information listed below in STEPS 1-7. **To apply for the Foreign Importer's License you must submit the following:**

- 1) **Distributor Application: \$270**
- 2) **Importing Distributor's Application: \$25**
- 3) **Foreign Importer's Application: \$25**
- 4) An **appointment letter** from the manufacturer where they have appointed the applicant as their primary importer or duly registered agent.
- 5) **ONE** of the **enclosed** bond forms.
 - **REG-4-A** Financial Responsibility Bond (Liquor Gallonage Tax Bond) Certificate of Deposit; or
 - **REG-4-D** Financial Institution Irrevocable Letter of Credit Bond.
- 6) Copies of your **Federal Label Approvals** and **Federal Basic Permits**. The Federal Label Approvals must be issued in the name of the applicant and must have the Illinois warehouse or business address. Questions about Federal Label Approvals and Federal Basic Permits should be directed to the TTB at www.ttb.gov or 1-800-937-8864.
- 7) Total fees for distributors, importing distributors and foreign importing distributors is **\$320**.

FOR OFFICE
USE ONLY

LICENSE NO.

DATE ISSUED

EXPIRATION DATE

COUNTER ☐

Application for State of Illinois Distributor/Importing Distributor/Foreign Importer Liquor License

1. APPLICANT - CORPORATE INFORMATION

If you want your renewal application, license certificate, and other ILCC correspondence sent to your "corporate" address, please check the box to the right. ☐

A. FEIN

Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only. If you do not have an FEIN number, call 1-800-829-3676 for general information on how to apply and to obtain the forms you will need. **NOTE**, if you have filed an application for your FEIN number, the Commission will accept your application.

FEIN #

B. ILLINOIS BUSINESS TAX NUMBER (SALES TAX ACCOUNT NUMBER)

Enter the eight-digit Illinois Dept. of Revenue Business Tax (Sales Tax Account) Number. **YOU MUST HAVE THIS NUMBER IN ORDER FOR A LICENSE TO BE ISSUED.** If you need to obtain this number, visit www.tax.illinois.gov and click on "Businesses", and then "Business Registration." If you have any questions, call 217-785-3707.

ILLINOIS BUSINESS TAX #

C. TELEPHONE

Enter the area code/telephone number/extension of the sole proprietorship, corporation, etc.

AREA CODE/TELEPHONE NO.

EXT.

D. COUNTY

Enter the county where the sole proprietorship, corporation, etc. is located.

COUNTY

E. CORPORATE NAME (Also list trade or business name, if different from corporate name)

Enter the name of the corporation (Illinois, national, or foreign) partnership or limited liability company in this box.

CORPORATE NAME

DBA NAME

F. ADDRESS

Enter the street address, city, state, and Zip Code of the sole proprietorship, corporation, etc..

ADDRESS

CITY

STATE

ZIP CODE

2. STATUS OF BUSINESS

Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of State.

Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a copartnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

- A. ☐ ASSUMED NAME DATE FILED WITH COUNTY CLERK: _____
- B. ☐ PARTNERSHIP DATE OF FORMATION: _____
- C. ☐ ILLINOIS CORPORATION DATE OF INCORPORATION: _____
- D. ☐ FOREIGN CORPORATION STATE OF INCORPORATION: _____ DATE QUALIFIED TO DO BUSINESS IN IL: _____
- E. ☐ LIMITED LIABILITY COMPANY DATE FORMED: _____

3. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5% , (including officers, directors and shareholders with stock equal to or more than 5% for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a 5% interest. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires. **Before completing this section, check Question No. 6 - Eligibility.**

For each owner/officer/partner/5% shareholder, provide full name, home address, city, state, Zip Code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

A.

| NAME (LAST, FIRST, MIDDLE INITIAL) | | | HOME ADDRESS | | CITY | STATE | ZIP |
|------------------------------------|---------------|-----|----------------|-------------------------|------|---------|-----|
| | | | | | | | |
| SOCIAL SECURITY NO. | DATE OF BIRTH | SEX | TITLE/POSITION | AREA CODE/TELEPHONE NO. | | % OWNED | |
| | | | | | | | |

B.

| NAME (LAST, FIRST, MIDDLE INITIAL) | | | HOME ADDRESS | | CITY | STATE | ZIP |
|------------------------------------|---------------|-----|----------------|-------------------------|------|---------|-----|
| | | | | | | | |
| SOCIAL SECURITY NO. | DATE OF BIRTH | SEX | TITLE/POSITION | AREA CODE/TELEPHONE NO. | | % OWNED | |
| | | | | | | | |

C.

| NAME (LAST, FIRST, MIDDLE INITIAL) | | | HOME ADDRESS | | CITY | STATE | ZIP |
|------------------------------------|---------------|-----|----------------|-------------------------|------|---------|-----|
| | | | | | | | |
| SOCIAL SECURITY NO. | DATE OF BIRTH | SEX | TITLE/POSITION | AREA CODE/TELEPHONE NO. | | % OWNED | |
| | | | | | | | |

D.

| NAME (LAST, FIRST, MIDDLE INITIAL) | | | HOME ADDRESS | | CITY | STATE | ZIP |
|------------------------------------|---------------|-----|----------------|-------------------------|------|---------|-----|
| | | | | | | | |
| SOCIAL SECURITY NO. | DATE OF BIRTH | SEX | TITLE/POSITION | AREA CODE/TELEPHONE NO. | | % OWNED | |
| | | | | | | | |

E. TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST _____ %

4. MISCELLANEOUS INFORMATION

A. WAREHOUSING

If any of your inventory is warehoused, provide the name, street address, city, state, Zip Code and county of the warehouse. **NOTE: Warehouse inspection will be conducted prior to the issuance of your liquor license.**

| ADDRESS | CITY | STATE | ZIP CODE | COUNTY |
|---------|------|-------|----------|--------|
| | | | | |

B. LEASED PREMISES

If you lease your premises, the lease must cover the full term of the license. If you lease, provide the landlord's name, telephone number, street address, city, state, Zip Code and county.

| LANDLORD NAME | | AREA CODE/TELEPHONE NO. | | |
|---------------|------|-------------------------|----------|--------|
| | | | | |
| ADDRESS | CITY | STATE | ZIP CODE | COUNTY |
| | | | | |

5. LICENSE HISTORY

A. FIRST LICENSE APPLICATION - LICENSE HISTORY

Indicate by checking the correct box whether or not this is the corporation's, sole proprietorship's, etc's first application for a State liquor license at any premises. If you check "no", indicate the date of your first State liquor license application. Also indicate whether the license was granted, denied or withdrawn. Provide the address of your first State liquor license application. If you have ever had a license application denied or if you ever withdrew an application, please provide a written statement describing the reason and circumstances.

IS THIS YOUR FIRST STATE LICENSE APPLICATION? YES ____ NO ____

IF NO, PROVIDE DATE FIRST APPLIED: _____

DISPOSITION: ☐ GRANTED ☐ DENIED ☐ WITHDRAWN

ADDRESS OF FIRST STATE APPLICATION: _____

6. ELIGIBILITY QUESTIONS

These questions apply to the applicant and any other person listed under Section 3. These questions **MUST** be answered. **IF THE QUESTIONS ARE NOT CHECKED, THE APPLICATION WILL BE REJECTED.** If any question is checked "yes", a written, detailed explanation is required and must be attached to this application.

- 6-18 ☐ YES ☐ NO ARE YOU DELINQUENT IN THE PAYMENT OF ANY ILLINOIS BUSINESS TAXES (SALES, WITHHOLDING, ETC.)?
- 6-19 ☐ YES ☐ NO ARE YOU DELINQUENT UNDER THE "CASH BEER" LAW?
- 6-20 ☐ YES ☐ NO ARE YOU DELINQUENT UNDER THE "30-DAY CREDIT" LAW?
- 6-22 ☐ YES ☐ NO HAVE YOU EVER APPLIED FOR AND BEEN DENIED A LIQUOR LICENSE?
- 6-23 ☐ YES ☐ NO HAVE YOU HAD ANY PREVIOUS LIQUOR LICENSE REVOKED?
- 6-24 ☐ YES ☐ NO HAVE YOU EVER BEEN CONVICTED OF A FELONY?
- 6-25 ☐ YES ☐ NO HAVE YOU EVER BEEN CONVICTED OF A GAMBLING OFFENSE AS DEFINED UNDER SECTION 5/6-2 OF THE ACT WHICH INCLUDES OFFENSES ENUMERATED IN 720 ILCS 5/28-1(a)1-11, "GAMBLING;" 720 ILCS 5/28-1.1(a)-(d) "SYNDICATED GAMBLING;" AND 720 ILCS 5/28-3 "KEEPING A GAMBLING PLACE"?
- 6-26 ☐ YES ☐ NO DO YOU POSSESS A CURRENT FEDERAL WAGERING STAMP? (ISSUED BY THE UNITED STATES INTERNAL REVENUE SERVICE TO TAX WAGERING ACTIVITY)
- 6-27 ☐ YES ☐ NO ARE YOU, OR ANY OTHER PERSON WITH A DIRECT INTEREST IN YOUR PLACE OF BUSINESS, A PUBLIC OFFICIAL OR LAW ENFORCEMENT OFFICIAL IN THE SAME JURISDICTION AS THE LICENSE?
- 6-28 ☐ YES ☐ NO HAVE YOU RECEIVED OR BORROWED MONEY OR ANYTHING OF VALUE DIRECTLY OR INDIRECTLY FROM ANY OTHER LICENSEES, REPRESENTATIVES OF A LICENSEE, OR SUPPLIERS OF ALCOHOLIC PRODUCTS?
- 6-30 ☐ YES ☐ NO IF OPERATING AS A SOLE PROPRIETORSHIP OR A PARTNERSHIP, ARE YOU OR YOUR PARTNER(S) CURRENTLY NOT CITIZENS OF THE UNITED STATES OR RESIDENT ALIENS WITH LEGAL STATUS?

7. HOURS OF OPERATION

List the daily hours open for business. This information will assist Commission field agents in choosing an inspection time which causes the least disruption to the business.

| MON | TUES | WED | THURS | FRI | SAT | SUN |
|-----|------|-----|-------|-----|-----|-----|
| | | | | | | |

8. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer, a partner or an officially authorized agent of the business. **The signature must be an original, rubber stamps are not accepted.**

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE STATE OF ILLINOIS TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE CIVIL RIGHTS SECTIONS THEREOF.

FURTHER, I AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION. (NOTE: IF THE PERSON SIGNING THIS APPLICATION IS NOT LISTED IN SECTION 3, THEY MUST PROVIDE THE STATE WITH THEIR PERSONAL INFORMATION AS INDICATED IN SECTION 3 EVEN IF THEY DO NOT OWN 5% OR MORE OF THE BUSINESS.)

SIGNATURE OF APPLICANT/AUTHORIZED AGENT

TITLE/POSITION

DATE

(Illinois Compiled Statutes, Chapter 235)

Pursuant to the requirement of Section 5/6-9 of the Illinois Liquor Control Act the undersigned, a

does hereby register with said Commission the following named persons or companies as being the only ones to whom the undersigned has granted the right to sell or distribute at wholesale within the State of Illinois, one or more of those alcoholic liquors which bear trade-marks, brands or names owned or controlled by the undersigned. The undersigned does hereby further register opposite the name of said persons or companies, the respective trademarks, brands or names, owned or controlled by the undersigned, concerning which said persons have been given such distributing rights and the respective geographical territories for which such distributing rights have been given to said persons or companies, and the period of time for which such rights are granted to such person.

[illegible]

Failure to provide any information will result in nonissuance of your license and/or nonregistration of your products. This form has been approved by the Forms Management Center.

STATE LICENSE # _____ EXP. DATE _____

General Information

Who must submit a bond?

Form REG-4-D, Financial Institution Irrevocable Letter of Credit Bond, **or** Form REG-4-A, Financial Responsibility Bond, is required to complete your registration to be licensed as a

- cigarette distributor
- cigarette machine operator
- liquor distributor
- direct wine shipper
- liquor airline
- tobacco products distributor
- motor fuel distributor
- motor fuel supplier
- motor fuel receiver

Note: International Fuel Tax Agreement (IFTA) carriers may be required to obtain a bond.

You must complete **either** Form REG-4-D **or** Form REG-4-A to obtain a bond. You will not be issued a certificate of registration and cannot be legally registered to do business in Illinois until we receive your bond.

How do I obtain a bond using Form REG-4-D?

You must provide Form REG-4-D to the financial institution that will be providing your bond. A separate bond is required for each location.

What is required for Form REG-4-D?

All signatures and seals must be original. We will not accept copies, faxes, etc., as proof of bond coverage. Duplicate originals must be marked as such and must meet the same requirements as the original bond form.

If any of the above requirements are not met, we will not accept the bond and it will be returned for correction.

Where do I send my Form REG-4-D?

Mail your completed Form REG-4-D with any required attachments to us at



**CENTRAL REGISTRATION DIVISION 3-222
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19039
SPRINGFIELD IL 62794-9039**

If you have questions regarding Form REG-4-D, visit our website at tax.illinois.gov or call us weekdays between 8:00 a.m. and 4:30 p.m. at **217 558-7425**.

Specific Instructions

Part 1: Financial institution letter of credit bond type and number

Line a, Bond type - The bond type must match the tax type for which the bond is being issued.

Line b, Financial institution irrevocable letter of credit number - This number is assigned by the financial institution and must be present on the bond.

Line c, Bond amount - The amount of bond coverage must be entered on this line.

Part 2: Taxpayer and financial institution information

Taxpayer - The name and address must be identical to the information that you have registered with us. The address must be the physical location of your business; mailing addresses, PO Boxes, and other addresses are not acceptable.

Financial institution - The name and address of the financial institution executing the bond must be present.

Part 3: Effective and maturity date of bond

Effective date - This is the date the bond coverage will begin.

Maturity date - This is the date on which the letter of credit will mature.

Part 4: Bond conditions

The letter of credit must be written for a minimum of one year and be automatically renewable for successive one-year periods unless we receive written notice of cancellation 30 days prior to the maturity date.

Part 5: Financial institution officer information

Name, title, and signature - These lines must be completed by the financial institution officer authorizing the letter of credit.

Part 6: Financial institution seal

Financial institution seal - An official seal must be affixed in Part 6. If the financial institution does not have an official seal, a letter, on financial institution letterhead, stating that the financial institution does not have an official seal must accompany the letter of credit.



REG-4-A

Financial Responsibility Bond

Part 1: Financial responsibility bond type and number

a Bond type:

b Financial responsibility bond number: _____

Part 2: Taxpayer and financial institution information

We, _____ (as principal)
Taxpayer's name and address

and

Name and address of surety (as surety)

are bound to the people of the State of Illinois in the penal sum of \$_____. We hereby bind ourselves, our heirs, executors, administrators, successors, and assigns to the payment of this amount.

The condition of this bond is that if the principal (taxpayer) identified above, who has applied for the tax responsibility (bond type) identified above, in Part 1, pays to the Illinois Department of Revenue (IDOR) all amounts becoming due from the principal (taxpayer) under this law, then the bond will become void; otherwise, the bond will remain in full force.

The surety identified above may conditionally cancel this bond at any time by filing a written notice with IDOR by registered or certified mail within _____ days. However, the surety is not discharged from any liability previously accrued under this bond or that may accrue before the _____ days expires.

Part 3: Financial responsibility bond signatures and seal requirements

We have signed and sealed this bond on ____/____/____, to be effective ____/____/____.
You must attach a power of attorney.

(Principal's seal)

(Surety's seal)

Principal's (taxpayer) signature

Surety's signature

Attorney-in-fact's signature

President's or co-partner's signature

Countersigned by

Corporate secretary's signature

Agent for surety

Number and street

City

State

ZIP

For official use only

Date approved: ____/____/____
Month Day Year

IDOR Director's signature

License number: _____



Illinois Department of Revenue

REG-4-D

Financial Institution Irrevocable Letter of Credit Bond

Part 1: Financial institution letter of credit bond type and number

- a Bond type: _____
- b Financial institution irrevocable letter of credit number: _____
- c Bond amount: \$ _____

Part 2: Taxpayer and financial institution information

Taxpayer:

Financial institution:

| | | | | | |
|----------------------|-------------|-----------|----------------------|-------------|-----------|
| Name _____ | | | Name _____ | | |
| Street address _____ | | | Street address _____ | | |
| City _____ | State _____ | ZIP _____ | City _____ | State _____ | ZIP _____ |

Part 3: Effective and maturity date of bond

Effective date: ____/____/____
Month Day Year

Maturity date: ____/____/____
Month Day Year

Part 4: Bond conditions

If the taxpayer identified above, in Part 2, fails to pay the Illinois Department of Revenue (IDOR) all moneys, including penalties and interest, due under this bond type's tax act, IDOR is authorized to draw drafts on demand against this irrevocable letter of credit. The sum of this irrevocable letter of credit cannot exceed the bond amount above, in Part 1, and drafts drawn against it are payable on demand. This letter of credit is issued for a period of **one** year and will be renewed automatically for successive **one** year periods unless IDOR receives a written notice of cancellation 30 days prior to the maturity date.

Part 5: Financial institution officer information

The undersigned officer of the financial institution identified above, in Part 2 is duly authorized by the Board of Directors to execute this irrevocable letter of credit; and this financial institution will honor all drafts on demand. The name of the authorized financial institution officer, title and signature are required.

Name: _____ Title: _____

Signature: _____

Part 6: Financial institution seal

The official seal of the financial institution must be affixed below.

For official use only

Date approved: ____/____/____
Month Day Year

IDOR Director's signature

License number: _____

**REG-1 Illinois Business Registration Application**

Register faster on-line at **tax.illinois.gov**. If you are already registered and need to make changes (e.g., adding a location, changing officer information), call us weekdays between 8:00 a.m. and 5:00 p.m. at **217 785-3707**.

Step 1: Identify your business or organization**1** Federal employer identification number (FEIN)

FEIN: _____ - _____

If you are a proprietorship, provide the Social Security number (SSN) under which taxes will be filed.

SSN: _____ - _____ - _____

2 Legal business name - if proprietorship, see instructions.

3 Doing-business-as (DBA), assumed, or trade name, if different from Line 2.

4 Primary or legal business address.Street address - **No** PO Box number Apartment or suite number

City State ZIP

☐ Check here if this is your **only** Illinois location. If you have more Illinois locations, **complete Schedule REG-1-L**.

5 Mailing address if different from the address above.

In-care-of name

Street address or PO Box number Apartment or suite number

City State ZIP

6 Check the organization type that applies to you:☐ Proprietorship. Check if owned by husband and wife: _____☐ Partnership ☐ Trust or estate☐ Corporation ☐ S Corp (Subchapter S Corporation)☐ Governmental unit ☐ Not-for-profit organization☐ Limited liability company (LLC) treated as a

_____ Corporation

_____ Partnership

_____ Proprietorship

Check here if disregarded: _____

7 Illinois Secretary of State identification (corporate or file) number:

_____ - _____ - _____

8 Is your business part of a unitary group? ☐ Yes ☐ No
If "Yes", provide the FEIN of your designated agent (the person responsible for filing your Illinois income tax return):

FEIN: _____ - _____

9 Identify a contact person regarding your business.

Name: _____

Phone: (_____) _____ - _____ Ext.: _____

FAX: (_____) _____ - _____

Email address: _____

Step 2: Identify your owners, officers, and general partners - if a limited liability company, include the manager**10** Identification depends on your organization type. If you need to identify more, **attach Schedule REG-1-O**.**Individuals:****a** Name TitleHome street address - **No** PO Box number Telephone

City State ZIP

Date of birth / / SSN - -

b Name TitleHome street address - **No** PO Box number Telephone

City State ZIP

Date of birth / / SSN - -

c Name TitleHome street address - **No** PO Box number Telephone

City State ZIP

Date of birth / / SSN - -

d Name TitleHome street address - **No** PO Box number Telephone

City State ZIP

Date of birth / / SSN - -

Businesses that are owners, managers, or general partners:**a** Name FEIN -

Legal address

City State ZIP

(_____) Telephone -

b Name FEIN -

Legal address

City State ZIP

(_____) Telephone -

Step 3: Tell us about your business activities

11 Describe your business activities: _____

12 Will you have employees? ____ Yes ____ No
Tell us when your Illinois payroll will begin: ____/____/____

13 Check all that apply to your type of business.

Sales:

- ____ General merchandise: ____ Retail ____ Wholesale
Do you estimate your monthly sales tax liability to be over \$200? ____ Yes ____ No
____ Sales to Illinois customers from out-of-state
☐ Check here if you have an Illinois presence.
____ Soft drinks in sealed containers
____ Vehicle, watercraft, aircraft, or trailer
____ From vending machines
Tell us how many machines: _____
____ Liquor at retail (bar, tavern, liquor store, etc.)
____ Cigarettes: ____ Retail ____ Wholesale
____ Tobacco products: ____ Retail ____ Wholesale
____ Motor fuel/fuel: ____ Retail ____ Wholesale

Services:

Do you transfer items as part of your service?
____ Yes ____ No

Use: If you purchase merchandise for your use in Illinois, does your supplier collect the Illinois sales tax?
____ Yes ____ No

Renting or leasing:

- ____ Hotel
____ Vehicles. Check the terms of your agreements (both may apply):
____ Longer than 12 months ____ 12 months or less

Utilities - Check your utility and type of sales and services:

- ____ Electricity: ____ Retail ____ Resale
____ Natural gas: ____ Retail ____ Resale
____ Telecommunications: ____ Retail ____ Resale
____ Water or sewer services
Are you a utility cooperative? ____ Yes ____ No
Are you a municipality? ____ Yes ____ No

Other:

- ____ Liquor warehousing - **Attach Schedule REG-1-L.**
____ Sales or delivery of tires. Do you **always** pay the Tire User Fee to your supplier? ____ Yes ____ No
____ Dry cleaning solvents
____ Coin-operated amusement devices
____ Purchase electricity for non-residential use and want to pay the tax to IDOR.
____ Purchase natural gas from out-of-state for my own use and want to pay the tax to IDOR. Identify your delivering supplier(s): _____
____ Not listed. Identify: _____

14 When will (did) these activities begin? ____/____/____

Step 4: Check any schedule attached (not all applicants are required to complete schedules)

- ☐ Schedule REG-1-L ☐ Schedule REG-1-O ☐ Other information

Step 5: Sign below

Under penalties of perjury, I state that I have examined this information and, to the best of my knowledge, it is true, correct, and complete. I further attest that I will be responsible for filing returns and paying all taxes due **unless** Schedule REG-1-R, Responsible Party Information, is attached to this application or forwarded to the department. Check here if you are attaching or forwarding Schedule REG-1-R: ☐

Signature: _____ Title: _____ Date: ____/____/____
Printed name: _____ SSN: _____ - _____ - _____
Address: _____ Telephone: (____) _____ - _____

Step 6: Mail your application

Mail your completed application and attachments (if applicable) to us at



**CENTRAL REGISTRATION DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19476
SPRINGFIELD IL 62794-9476**

This form is authorized by 20 ILCS 687/6 et seq.; 35 ILCS 5/1 et seq.; 105/1 et seq.; 110/1 et seq.; 115/1 et seq.; 120/1 et seq.; 130/1 et seq.; 135/1 et seq.; 143/10-1 et seq.; 155/1 et seq.; 415/1 et seq.; 505/1 et seq.; 510/1 et seq.; 615/1 et seq.; 620/1 et seq.; 625/1 et seq.; 630/1 et seq.; 635/1 et seq.; 640/2-1 et seq.; 230 ILCS 20/1 et seq.; 25/1 et seq.; 30/1 et seq.; 235 ILCS 5/1-1 et seq.; 305 ILCS 20/5 et seq.; 687/6-1 et seq.; 415 ILCS 125/301 et seq.; Disclosure of this information may be REQUIRED. Failure to provide information could result in this form not being processed and possible penalties. This form has been approved by the Forms Management Center. IL-492-0001



Illinois Department of Revenue

Schedule REG-1-L Illinois Business Site Location Information

Attach to Form REG-1.

Business name: _____

FEIN: _____ - _____

Contact for this schedule: _____

SSN: _____ - _____
(Proprietorship only)

Phone: (____) _____ - _____

Read this information first.

Complete this schedule if you are registering as a new business that will do business from an Illinois location. You must identify all Illinois locations, including the one you may have identified on Form REG-1, Step 1, Line 4. In Illinois, some tax rates vary based upon the specific location of the business activities. Depending on your tax responsibilities, the location of your business will determine the tax rate that we will preprint on your return. We recognize three types of locations:

Permanent - Examples include a building, warehouse, or storefront. To identify these, complete Step 1.

Temporary - Examples include a fair, festival, or convention. To identify temporary locations, complete Step 2. Special events or seasonal sales (*i.e.*, trade-shows, holiday sales, concession stands) should also complete Step 2.

Changeable - A changeable location is one that constantly changes (*i.e.*, door-to-door sales, home party sales). If you have changeable locations, complete Step 3.

If you need to identify more, attach a separate sheet using a similar format. If you have previously registered and need to add a location, call us at **217 785-3707**.

Step 1: Identify each permanent location.

DBA name: _____

DBA name: _____

Address: _____
Street address - No PO Box numbers Apt. or suite no.

Address: _____
Street address - No PO Box numbers Apt. or suite no.

City State ZIP

City State ZIP

County: _____ If located within Madison or

County: _____ If located within Madison or

St. Clair county, tell us your township: _____

St. Clair county, tell us your township: _____

Contact: _____ Phone: (____) _____ - _____

Contact: _____ Phone: (____) _____ - _____

Starting date for this location: ____/____/____

Starting date for this location: ____/____/____

Check your activities at this location:

Check your activities at this location:

- ☐ Sales and use ☐ Vehicle **renting**
☐ Vehicle **sales** ☐ Telecommunications service
☐ Hotel rental ☐ Liquor warehousing
☐ Other: _____

- ☐ Sales and use ☐ Vehicle **renting**
☐ Vehicle **sales** ☐ Telecommunications service
☐ Hotel rental ☐ Liquor warehousing
☐ Other: _____

DBA name: _____

DBA name: _____

Address: _____
Street address - No PO Box numbers Apt. or suite no.

Address: _____
Street address - No PO Box numbers Apt. or suite no.

City State ZIP

City State ZIP

County: _____ If located within Madison or

County: _____ If located within Madison or

St. Clair county, tell us your township: _____

St. Clair county, tell us your township: _____

Contact: _____ Phone: (____) _____ - _____

Contact: _____ Phone: (____) _____ - _____

Starting date for this location: ____/____/____

Starting date for this location: ____/____/____

Check your activities at this location:

Check your activities at this location:

- ☐ Sales and use ☐ Vehicle **renting**
☐ Vehicle **sales** ☐ Telecommunications service
☐ Hotel rental ☐ Liquor warehousing
☐ Other: _____

- ☐ Sales and use ☐ Vehicle **renting**
☐ Vehicle **sales** ☐ Telecommunications service
☐ Hotel rental ☐ Liquor warehousing
☐ Other: _____

Step 2: Identify each temporary location

Examples include a fair, festival, or special event. Seasonal sales (*i.e.*, trade-shows, holiday sales, concession stands) are usually considered a temporary location.

DBA name: _____

Address: _____
Street address - **No** PO Box numbers Apt. or suite no.

City State ZIP

County: _____ If located within Madison or

St. Clair county, tell us your township: _____

Contact: _____ Phone: (____)____ - _____

Starting date for this location: ____/____/____

☐ Sales and use ☐ Telecommunications service

☐ Vehicle **sales**

☐ Other: _____

☐ Check here if your business activities are seasonal or for a special event. Provide the following dates.

Starting: ____/____/____ Ending: ____/____/____

DBA name: _____

Address: _____
Street address - **No** PO Box numbers Apt. or suite no.

City State ZIP

County: _____ If located within Madison or

St. Clair county, tell us your township: _____

Contact: _____ Phone: (____)____ - _____

Starting date for this location: ____/____/____

☐ Sales and use ☐ Telecommunications service

☐ Vehicle **sales**

☐ Other: _____

☐ Check here if your business activities are seasonal or for a special event. Provide the following dates.

Starting: ____/____/____ Ending: ____/____/____

DBA name: _____

Address: _____
Street address - **No** PO Box numbers Apt. or suite no.

City State ZIP

County: _____ If located within Madison or

St. Clair county, tell us your township: _____

Contact: _____ Phone: (____)____ - _____

Starting date for this location: ____/____/____

☐ Sales and use ☐ Telecommunications service

☐ Vehicle **sales**

☐ Other: _____

☐ Check here if your business activities are seasonal or for a special event. Provide the following dates.

Starting: ____/____/____ Ending: ____/____/____

DBA name: _____

Address: _____
Street address - **No** PO Box numbers Apt. or suite no.

City State ZIP

County: _____ If located within Madison or

St. Clair county, tell us your township: _____

Contact: _____ Phone: (____)____ - _____

Starting date for this location: ____/____/____

☐ Sales and use ☐ Telecommunications service

☐ Vehicle **sales**

☐ Other: _____

☐ Check here if your business activities are seasonal or for a special event. Provide the following dates.

Starting: ____/____/____ Ending: ____/____/____

Step 3: Identify each changeable location

A changeable location is one that constantly changes (*i.e.*, door-to-door sales, home party sales).

DBA name: _____

Municipality: _____

County: _____ If located within Madison or

St. Clair county, tell us your township: _____

Starting date: ____/____/____

DBA name: _____

Municipality: _____

County: _____ If located within Madison or

St. Clair county, tell us your township: _____

Starting date: ____/____/____